# Rollover Account Application

## Instructions for Completing this Form

**Please Read Carefully**

***IMPORTANT:***

1. *Remove the form. Do not return these instructions to PERF.*
2. *Please type or print. Use black ink.*
3. *Complete all information. Remember to put your name and Social Security Number at the top of every page.*
4. *Return the completed form directly to PERF at the address below.*

| PRIVACY NOTICE |
| --- |
| Your Social Security Number is requested by this agency in accordance with the requirements of the Internal Revenue Code. Disclosure is mandatory and this form will not be processed without this information. |

**Indiana Code 5-10.2-3-10 permits active PERF members to deposit with PERF funds rolled over from any of the following sources:**

1) **A qualified plan described in Section 401(a) or 403(a) of the Internal Revenue Code.**
2) **An annuity contract or account described in Section 403(b) of the Internal Revenue Code.**
3) **An eligible plan maintained by a state, political subdivision of a state, or an agency or instrumentality of a state or political subdivision of a state under Section 457(b) of the Internal Revenue Code.**
4) **An individual retirement account (IRA) described in Section 408(a) or 408(b) of the Internal Revenue Code.**

**The funds in your Rollover Account may be invested in any of the current investment options except the Guaranteed Fund. These funds may be withdrawn at any time prior to retirement. At retirement, these funds may be combined with your pension and your Annuity Savings Account as part of your total benefit.**

## STEP 1: MEMBER INFORMATION

**Member's Social Security Number:** Enter all nine digits of your Social Security Number. Your application will not be processed without this information.

**Date of Application:** Enter the date you completed the application.

**Member's Name:** Enter your first name, middle initial, and last name.

**Member's Address:** Enter your full street address, including the apartment number, or P.O. Box number.

**City:** Enter your city.

**State:** Enter your state.

**ZIP Code:** Enter your five or nine-digit ZIP Code.

**Member's Phone Number:** Enter your telephone numbers, beginning with area code. Please provide separate day and evening phone numbers.

**E-mail address:** Enter your E-mail address, if you have one.

## STEP 2: ROLLOVER ACCOUNT INVESTMENT DIRECTION

The choices you make here will tell us how to invest your funds.

Please select your investment choices. **Important: your investment choices must add up to 100%.**

**Signature of Member:** After making your choices, You must sign and date this section.

> **Important:** The statute which created the Rollover Account investment option did not authorize investment of this money in the Guaranteed Fund. You cannot invest your Rollover Account in the Guaranteed Fund.

## STEP 3: BENEFICIARY INFORMATION

**Please Check "YES" or "NO" for Additional Pages**

**Please provide the following information for each beneficiary.**

**Beneficiary's Name:** Enter your beneficiary's first, middle, maiden, and last names. Do not use initials.

**Beneficiary's Social Security Number:** Enter all nine digits of your beneficiary's Social Security Number.

**Relationship to member:** Enter the relationship of the Beneficiary to the Member, e.g., spouse, daughter, son, etc.

**Beneficiary's Address:** Enter the full street address in which the Beneficiary currently resides.

**City:** Enter the city in which the Beneficiary currently resides.

**State:** Enter the state in which the Beneficiary currently resides.

**ZIP Code:** Enter the five or nine-digit ZIP code in which the Beneficiary currently resides.

**Signature of Member:** You must sign this page.

## STEP 4: CERTIFICATION BY PLAN ADMINISTRATOR OR FINANCIAL INSTITUTION

This section must be completed and signed or the rollover will not be accepted.

Please have an authorized agent of the plan administrator or financial institution complete this section.

Please indicate the type of plan by marking the appropriate box.

**Investment Amount:** The Plan Administrator or Financial Institution must enter the amount of the member's investment.

## PAYMENT METHOD

Indicate the method of investment. Please select only one. Please do not staple checks to the application.

**NOTE:** PERF will provide the bank and account names, routing code, and account number for EFT transactions upon request.

# RETURN THE FORM TO PERF

Once the form has been completed according to these instructions, return the form (DO NOT return the instructions) to the Public Employees' Retirement Fund at the following address:

**Public Employees' Retirement Fund**
**143 West Market Street**
**Indianapolis, IN 46204**

**MEMBER NOTE: CHANGES TO INFORMATION –**
IF YOU HAVE ANY CHANGES TO ANY OF THE INFORMATION ON THIS FORM SUCH AS NAME OR ADDRESS, PLEASE IMMEDIATELY NOTIFY PERF AT THE ADDRESS ABOVE. THIS IS TO ENSURE THAT YOU RECEIVE CORRECT AND IMPORTANT INFORMATION REGARDING YOUR ACCOUNT.

# HELPFUL INFORMATION

**PERF TELEPHONE NUMBERS:**
Indianapolis & vicinity (317) 233-4162
Toll-Free Number 1-(888) 526-1687
TDD (hearing impaired number) (317) 233-4160
FAX Number (317) 232-1614
PERF on the Internet: www.state.in.us/perf
PERF MEMBER HANDBOOK (latest edition)
PERF ANNUITY SAVINGS ACCOUNT INVESTMENT HANDBOOK

**INTERNAL REVENUE SERVICE:**
TELEPHONE NUMBERS:
Toll-Free Number 1-(829) 829-1040
TDD (hearing impaired number) 1-(800)-829-4059
Tele Tax 1-(800)-829-4477
IRS PUBLICATION 575, PENSION AND ANNUITY INFORMATION
IRS PUBLICATION 590, INDIVIDUAL RETIREMENT ARRANGEMENTS
IRS WEBSITE: www.irs.gov

**INDIANA STATE DEPARTMENT OF REVENUE (DOR)**
TELEPHONE NUMBERS:
Indianapolis & vicinity (317) 233-4018
TDD (hearing impaired number) (317) 233-4952
Fax Number (317) 233-2329
Individual Income Tax Questions (317) 232-2240
Outside of Indianapolis – See DOR Website
DOR WEBSITE: www.in.gov/dor

PERF INDIANA

# Rollover Account Application

State Form 51003 (09-04)

| PRIVACY NOTICE |
|---|
| All Social Security Numbers are requested by this agency in accordance with the requirements of the Internal Revenue Code. Disclosure is mandatory and this form will not be processed without this information. |

***INSTRUCTIONS:***

*1. Please TYPE or PRINT. Use black ink.*

*2. Return the completed form directly to PERF.* ***Do not return the instruction pages.***

## STEP 1: Member Information

| | | |
|---|---|---|
| Social Security Number | Date *(MM/DD/YYYY)* | |
| First Name | MI | Last Name |
| Address | | |
| City | State | ZIP Code |
| Day Phone | Evening Phone | |
| E-mail Address | | |

## STEP 2: Rollover Account Investment Directions

***(All investment choices in this box must total 100%)***

| | 10% | 20% | 30% | 40% | 50% | 60% | 70% | 80% | 90% | 100% |
|---|---|---|---|---|---|---|---|---|---|---|
| **Money Market Fund** | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| **Bond Fund** | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| **S&P 500 Index Fund** | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| **US Small Companies Stock Fund** | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| **International Equity Index Fund** | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

I revoke any previous investment directions of my Rollover Account, and hereby direct the above investments, effective this date. I understand that these choices do not apply to the investment of my Annuity Savings Account.

Member's Signature ____________________ Date ____________________

| Member Name *(Last, First, Middle Initial)* | Social Security Number |
|---|---|
| | ___-__-____ |

## STEP 3: BENEFICIARY INFORMATION

**Attach Additional Copies of this Page if Necessary**

Additional pages are attached. ☐ **YES** ☐ **NO**

### Primary Beneficiary or Beneficiaries

| Beneficiary Name (Last, First, Middle Initial) | | | Social Security Number or Tax ID |
|---|---|---|---|
| Date of Birth (*mm/dd/yyyy*) | Relationship to Member | | |
| Street Address | City | State | Zip Code |

| Beneficiary Name (Last, First, Middle Initial) | | | Social Security Number or Tax ID |
|---|---|---|---|
| Date of Birth (*mm/dd/yyyy*) | Relationship to Member | | |
| Street Address | City | State | Zip Code |

### Contingent Beneficiary or Beneficiaries

| Beneficiary Name (Last, First, Middle Initial) | | | Social Security Number or Tax ID |
|---|---|---|---|
| Date of Birth (*mm/dd/yyyy*) | Relationship to Member | | |
| Street Address | City | State | Zip Code |

| Beneficiary Name (Last, First, Middle Initial) | | | Social Security Number or Tax ID |
|---|---|---|---|
| Date of Birth (*mm/dd/yyyy*) | Relationship to Member | | |
| Street Address | City | State | Zip Code |

In accordance with the provisions of Indiana Code § 5-10.2-3, I designate my beneficiary or beneficiaries for my Rollover Account as shown above. I understand that this designation of beneficiary supersedes and replaces any prior designation of beneficiary or beneficiaries for my Rollover Account that may have been made. If the primary beneficiary or beneficiaries herein designated survive me, they shall receive the funds, if any, that are payable by the fund to a designated beneficiary. If the primary beneficiary or beneficiaries do not survive me, then the contingent beneficiary or beneficiaries shall receive such funds. If none survive me, then the beneficiary shall be my estate. I reserve the right to change the primary or contingent beneficiaries at any time prior to distribution of my Rollover Account by filing a Change of Beneficiary form with the Board of Trustees of the Fund. Such a change must be received and accepted by the fund for it to become effective.

| Signature of Member | Printed Name | Date |
|---|---|---|
| | | |

| Member Name (Last, First, Middle Initial) | Social Security Number |
|---|---|
| | |

## STEP 4: Certification by Plan Administrator or Financial Institution

**Please select one of the following**

**I certify that the amount being transferred is an eligible rollover distribution as defined by the Internal Revenue Code and is from a source listed below:**

- ☐ **A qualified plan described in Section 401(a) or 403(a) of the Internal Revenue Code.**
- ☐ **An annuity contract or account described in Section 403(b) of the Internal Revenue Code.**
- ☐ **An eligible plan maintained by a state, political subdivision of a state, or an agency or instrumentality of a state or political subdivision of a state under Section 457(b) of the Internal Revenue Code.**
- ☐ **An individual retirement account (IRA) described in Section 408(a) or 408(b) of the Internal Revenue Code.**

| Signature of Plan Administrator or Financial Institution Representative | Printed Name of Plan Administrator or Financial Institution Representative |
|---|---|
| | |

| Name of Plan or Financial Institution |
|---|
| |

| Address |
|---|
| |

| City | State | ZIP |
|---|---|---|
| | | |

| Day Phone | Evening Phone |
|---|---|
| | |

**Investment Amount:** $ ____________________

**Payment Method**
**(Select One)**

☐ **Direct Rollover (Check Enclosed)**

☐ **Electronic Funds Transfer (EFT)**
**(PERF will provide bank and account names, routing code, and account number)**